2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90001 031 ***150.00

DOCUMENT # L33822

1. Entity Name
DONALD M. ROBINSON, P.A.

Principal Place of Business	Mailing Address
~~411 E. MONROE STREET~~ 625 West Union Street Suite #1 JACKSONVILLE FL 32202 US	~~411 E. MONROE STREET~~ 625 West Union Street Suite #1 JACKSONVILLE FL 32202 US

2. Principal Place of Business	3. Mailing Address
625 West Union Street	625 West Union Street
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Jacksonville, Florida	City & State Jacksonville Florida
Zip 32202 Country USA	Zip 32202 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DONALD M.
411 E. MONROE STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Donald M. Robinson
Street Address (P.O. Box Number is Not Acceptable)
625 West Union Street Suite #1
City Jacksonville FL Zip Code 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DONALD M. 2045 DERRINGER RD. JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Robinson / DONALD ROBINSON / 1-3-2001 904-356-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)